PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

U.S. Patient and Trademark Office; U.S. DePARTMENT OF COMMERCE
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/601,880			ing Date 24/2 00 3	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR			JMBER FIL	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A]	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	er, the applicat for small entity	on thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL		1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									J	TOTAL		
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	02/14/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 7	Minus	·· 20	= 0]	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	4	= 0	1	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))								Ц_			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
_		(Column 1)		(Column 2)	(Column 3)	_						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=]	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))	*	Minus	***		1	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					1			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Proviously Paid For I'M THIS SPACE is less than 20, enter "20". "If the "Highest Number Proviously Paid For I'M THIS SPACE is less than 3, enter "3". The "Highest Number Proviously Paid For I'M THIS SPACE is less than 3, enter "3". The "Highest Number Proviously Paid For I'M THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This recollection is estimated to the 12 minutes to complete, encuding pathengy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.